

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 97-CV-2202(DRD)
DEFENDANT HECTOR CARBALLO-ORTIZ	TYPE OF PROCESS ORDER DEFAULT HEARING
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { LCDO. HECTOR CARBALLO-ORTIZ ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Ashford #25 Sur, Guayama, PR 00784 TEL NO. (787)864-0055 (787)864-5108	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

H.S. GARCIA  
United States Attorney  
350 Chardon Avenue, Suite 1201  
San Juan, Puerto Rico 00918  
Attn: Rebecca Vargas-Vera, AUSA

Number of process to be served with this Form 285 1

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

PLEASE SERVE ORDER (PERSONALLY ONLY) TO LCDO. HECTOR CARBALLO ORTIZ  
DEFAULT HEARING SET FOR SEPTEMBER 27, 2004 AT 3:00PM

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(787)764-5656

DATE

9/23/04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process  
1

District of Origin  
No. 69

District to Serve  
No. 69

Signature of Authorized USM, Deputy or Clerk

Date

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process describe on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 9-9-04 Time 12:15 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

135.00

Total Mileage Charges including endeavors)

35.25

Forwarding Fee

3.95

Total Charges

174.20

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00